

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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40		7				
41		2				
42		2				
43		2				
44		2				
45		7				
46		7				
47		7				
48		7				
49		2				
50		2				
TOTAL IND.	2					
TOTAL DEP.	69					
TOTAL CLAIMS	71					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54		3				
55		1				
56		1				
57		1				
58		1				
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TOTAL CLAIMS						